

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JBW</i>	<i>75331</i>	
O.I.P.E. CLASSIFIER			<i>5 9-8-00</i>
FORMALITY REVIEW	<i>TN</i>	<i>TL 870</i>	<i>10 12 00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Claim	Final	Original	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
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